FOR INSTRUCTIONS, SEE BACK OF FORM

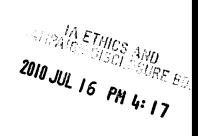
DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Reselfon

Parties must be filed electronically.



			Storu
COMMITTEE NAME (Must be same as on Statement of	of Organization)	FC	DRM 1
Committee to Re-Elect Stephen Holmes		1 1	R-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reports (1) Statewide/Legislative/Judge Standing for Retention Candl (4) County Central Committee (5) County Candidate (6) City	date (2) State PAC (3) State Party	(Rev	. 12/2009) REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10)(11) Local Ballot Issue	School Board or Other Political Subdivision PAC	Com	Office Use Only 17389
CANDIDATE COMMITTEES ONLY:		Logg	ed In-
Candidate Name Stephen Holmes	Political Party (if applicable) Democrat		ned
		, , ,	puter
Office Sought Story County Attorney	District (if Senate or House)		
Late reports are subject to possible civil and criminal penalt candidate's committee, and the chairperson, for any other to	ies. Pursuant to lowa Code sections 68B.32A ype of committee, is the individual responsible	(7) and 68A.4 for filing time	01(3), the candidate, for a ly and accurate reports.
SIGNATURE OF PERSON FILING REPORT	(A) 515-291-0929 TELEPHONE		7/16/2010 DATE SIGNED
I AM FILING A July 19, 2010	REPORT FOR (1) ELECTION	/(2)NON-EL	ECTION YEAR.
(report date)	Indicate by	#[1]	
• • •			itees, enter Date of Election
☐CHECK IF AMENDMENT TO REPORT DATED		November	
☐ Check if this is final (termination) report and attach	Notice of Dissolution Form DR-3.	County & Loc	al Committees, enter County in
(You must continue to file reports until a DR-3	is filed.)	which Election Story Cour	n is held
		Sury Cou	ity
STATEMENT OF CASH ON	HAND		
CASH ON HAND at the beginning of the reporting perl	od. (Total of all funds held by the		
committee. This amount MUST be the same of the last reporting period or must be zero if	se the cash on name at the eng	\$	219.24
ADD TOTAL MONEY TAKEN IN THIS PERI	OD		500.00
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)	P444. E4 pa. 019	
Schedule F. Loans Received total (Attach St	chedule F)		
Schedule H: Total Sales of Campaign Prope	arty (Attach Schedule H)	********	
(Schedule H applies to Candidate	<u>s' Committees Only)</u>		719.24
	SUB-TOTAL	\$	117.24
SUBTRACT TOTAL MONEY SPENT THIS	PERIOD		250.12
Schedule B: Expenditures total (Attach Sche	edule B) (**also see debts and loans below	/)	4-V.14
Schedule F: Loan Repayments total (Attach	Schedule F)	*****	400 12
CASH ON HAND at the end of this reporting period (if	final report balance must be zero)	\$	469.12
THE AND THE S (From Schodule D. Attach Schodu	(a D)	\$	
AND CONTRIBUTIONS (From Schedule E - Atta	ich Schedule E)		
**OUTSTANDING LOANS (From Schedule F - Attack	n Schedule F)	\$	26,750.00
OUISTANDING LUMIS (Floridos Catarias	d?)		_YES <u>√</u> NO
CONSULTANT BREAKDOWN (Schedule G Attache	,		
CANDIDATE COMMITTEES ONLY:	a H - Attach Schedule H)	\$	
VALUE OF CAMPAIGN PROPERTY (From Schedul STATE COMMITTEES: Submit a reconciled campa	ion account bank statement in January of	each year.	
STATE COMMITTEES: Submit a reconciled campa	in according comments and a second		

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Re-Elect Stephen Holmes

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER OF THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/07/10	CK#	Story County Democratic Central Committee P.O. Box 1256 Ames, Iowa 50010		\$500.00	
	ID# CK#				
	ID#				一
	CK#				
	ID# CK#				
	ID#				
<u> </u>	CK#				
	СК#				
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
			SUB-TOTAL	\$ 500.00	
		TOTAL (if last p	page of this schedule	\$ 500.00	_

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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ч	l DE	.00	510	rino.	, B	A Filed	331

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAM	E (Must be same as on Statement of Organization)	
Committee to Re-	Elect Stephen Holmes	

			27122002	AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
06/04/2010	ID# CK#189	Target Ames, Iowa 50010	Parade Candy	\$ 85.66
07/12/2010	ID# CK# 137	Stephen Holmes 27112 560th Avenue Ames, Iowa 50010	Reimbursement for Parade Candy	164.46
	ID# CK#			
	ID#			
	CK#			
	CK#		SUB-TOTAL	
			TOTAL (if last page of this schedule)	\$ 250.12

TOTAL (If last page of this schedule)	\$ 250.12
THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY: Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instru Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's or Schedule G instructions and lowa Code 68A.402(3)(i).)	ctions.)

(for Schedule B)

	e same as on Statement of Organization)		(Rev. 02/08) RI	OANS ECEIVED REPAID
nittee to Re-Elect S This schedule report UNPAID LOANS FR	Stephen Holmes to money loaned to the committee which is deposited in the ROM LAST REPORTING PERIOD \$	e committee account.	CHECK THIS	
	NS RECEIVED <u>THIS</u> REPORTING PERIOD If loan, such as a bank, must be shown if a third party is in	volved. Include loans from can	didate's personal funds	r.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicab	AMOUNT OF L	OAN
VIM/DD/YR)			\$	
_				_
				1
		+		
				-
		TOTAL (PART I)	\$	
(Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERION IN THE PERION INTERPRETABLE IN THE PERION	D L)	O AMOUNT RE	PAID
RT II - MONETARY I (Loans forgive DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERION In must be reported an Schedule E – In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D)	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER	D L)	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER	D L)	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER	D L)	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER	D L)	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER	D L)	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applie	O AMOUNT RE	PAID
(Loans forgive	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applied of Ap	O AMOUNT RE	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applied SHEPAYMENTS (PART II) TOTAL LOANS FORGIVEN IS END OF REPORT PERIOD	O AMOUNT RE	